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CONFIRMATION NO. 4327

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/410,903 09/13/2002  
*RC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE RE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/04/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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TITLE  
 Electric toothbrush housing design

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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